



Important Frequently Asked Questions (FAQs), Tips, Features and Information for Transition to HealthPartners effective January 1, 2011

1. What changes will be made to the provider network?

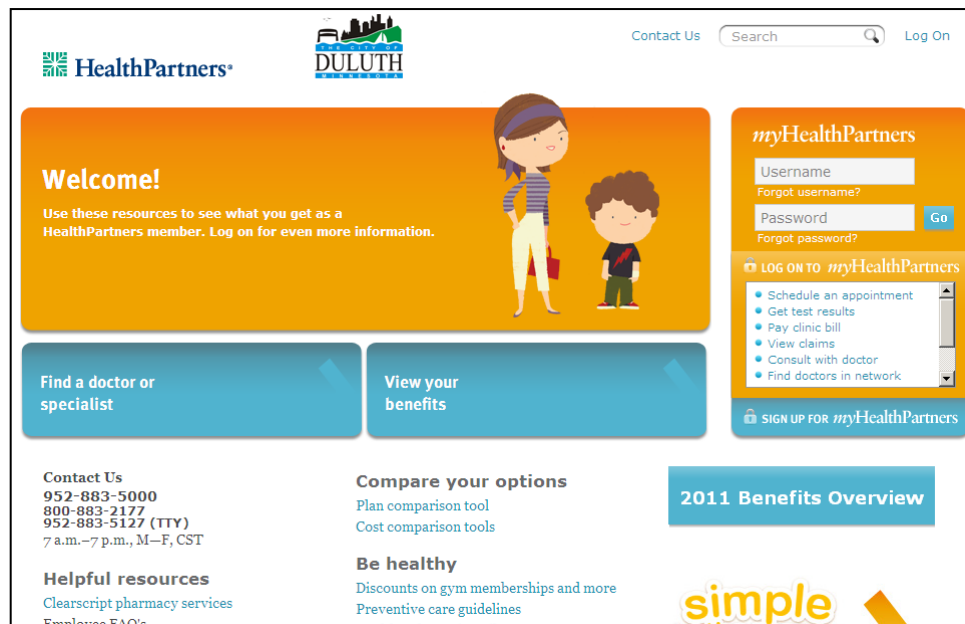
Effective January 1, 2011, the network for City of Duluth will be HealthPartners Open Access Network – a nationwide network. The City of Duluth will no longer use the Blue Cross and Blue Shield Aware network for dates of service after December 31, 2010. After this date, only services rendered by HealthPartners Open Access Network providers will be reimbursed by the health plan at the “in-network” rate.

It is important to note that this change does not impact the City of Duluth’s health plan deductibles or co-insurance. This change also does not affect any other vendors that provide administration services for other health plan benefits, including prescription drug benefits (ClearScript), and dental benefits (Delta Dental).

The City of Duluth’s Open Access network encompasses *all* major clinic systems and hospitals in the state and provides access to more than 700,000 providers and more than 5,500 hospitals *nationwide* through HealthPartners’s alliance with CIGNA. For these reasons, HealthPartners does not anticipate disruption issues. Should any issues arise, HealthPartners has a comprehensive Continuity of Care process in place. Please refer to the Continuity of Care section for additional information.

- **How do I verify if my provider is in HealthPartners Open Access Network, and when should I do this?**

To determine if your doctor is in the HealthPartners Open Access Network, please contact HealthPartners Member Services Department at 952-883-5000 or 1-800-883-2177 or go to healthpartners.com/cityofduluth and click on “**Find a doctor or specialist**”.



Select “**Group Medical Plans**” and then select “**Find a Doctor**” or “**Find a Clinic/Hospital**” to search for your provider. Please note, the City of Duluth’s comprehensive dental benefits are administered through the Delta Dental Plan of Minnesota. Contact Delta Dental at 1-800-553-9536 or visit their website at www.deltadental.org, for a list of participating providers.

■ **How is the HealthPartners Open Access Network different than the Blue Cross and Blue Shield Aware network?**

HealthPartners Open Access Network is one of the largest networks of **health care providers** and is very similar to the Blue Cross and Blue Shield Aware network. Over 93% of providers that members of the City of Duluth plan are currently seeing are in the HealthPartners Open Access Network. We encourage City of Duluth health plan members to verify that their provider(s) are in the Open Access Network by calling HealthPartners Member Services department at 952-883-5000 or 1-800-883-2177 or by going to **healthpartners.com/cityofduluth**. Providers in the Open Access Network are considered “in-network” and the plan pays the highest level of benefit payments while reducing out-of-pocket expenses. In-network providers will file claims on your behalf and have agreed to receive payment under HealthPartners’ contractual discounted payment arrangement. You are responsible for paying any deductibles and/or co-insurance amounts in a timely manner to the provider. Out-of-network providers are not required to accept HealthPartners’ contractual discounted payment. Therefore, you may be responsible for the difference between the billed amount and the eligible amount payable under the medical plan.



City of Duluth health plan members may visit any Open Access network provider ***without*** a referral. Members have the option of visiting an in-network provider or any out-of-network provider. Please remember that in order to receive the highest level of benefit payments, you must choose to receive services from in-network providers.

Care systems and hospitals included in our network include but are not limited to:

- St. Luke's Hospital
- Essentia - St. Mary's Medical
- Essentia - SMDC Medical Center
- Allina Clinics and Hospitals
- Fairview Clinics and Hospitals
- Park Nicollet Clinics and Hospitals
- HealthPartners Clinics and Hospitals
- Mayo Specialty Clinic

2. Continuity of Care: If I am currently receiving care from an out-of-network provider and need to continue treatment, what do I need to do?

If your current physician is not participating in HealthPartners Open Access network, and you are receiving active treatment from that provider for a serious or chronic condition that extends beyond December 31, 2010, you may initiate a request for ***continuity of care***. If you believe you may be in this situation, you must initiate a request for continuity of care by contacting HealthPartners Member Services department at 952-883-5000 or 1-800-883-2177. If you are eligible for continuity of care services, up to 120 days will be provided to complete treatment and transition to an in-network provider. HealthPartners evaluates each request on a case-by-case basis using a variety of factors including: overall impact on the member's physical and psychological health, scope of request, length of time and/or scope of services, transition timing, and availability of HealthPartners in-network providers who can provide the necessary services.

Members in their second or third trimester of pregnancy qualify for continuity of care services until six weeks after delivery. Members receiving active treatment for an acute condition will be eligible for continuity of care at the in-network benefit level through their current provider for up to 120 days. Additionally, members with the following special health concerns may also request continuity of care services if they currently see an out-of-network provider for:

- Mental or physical disability that prevents them from doing major life activities
- Life-threatening mental or physical illness
- Special cultural and/or language needs
- Terminal illness (evaluated on a case-by-case basis)



3. When will I receive my HealthPartners ID card?

You will receive your HealthPartners ID card prior to January 1, 2011. Each covered member in your family will get their own ID card with an individual ID number. After January 1, if you need a duplicate set of ID cards you can order them online at healthpartners.com/cityofduluth or Member Services at 952-883-5000 or 1-800-883-2177.

ID	55555555	Group	25077
Name	JANE K DOE	Renewal Mo.	January
Care Type	HP NationalOne - City of Duluth Plan 3A		
Co-insurance Medical		20%	
Co-insurance Hospitalization		20%	
Annual Deductible		\$250 Single/\$500 Family	
Network		HealthPartners Open Access	
healthpartners.com/cityofduluth			
Go online to see your Summary Plan Description (SPD) for covered coverservices and other important information.			
		Open Access Plan	

Emergency & Urgently Needed Care For emergency situations, call 911 and/or get medical attention immediately. For medical advice call the CareLine SM nurse service any time at 612-339-3663 or 800-551-0859 or call your clinic.	10/10
Claims Submission: Provider: healthpartners.com/electronicconnectivity Medical: HealthPartners Claims, P.O. Box 1289, Minneapolis, MN, 55440-1289.	
Member Services: HealthPartners Member Services, P.O. Box 1309, Minneapolis, MN, 55440-1309, phone 952-883-5000 or 1-800-883-2177. For TTY call 952-883-5127 or 888-850-4762. (Coverage includes optometry care through the PHCS network.)	
Precertification Contact CareCheck SM at 952-883-5800 or 1-800-942-4872 for any admission not directed by a network physician.	
Possession of this card does not guarantee eligibility of benefits.	
AWAY FROM HOME CARE	Administered by HealthPartners Administrators, Inc.

You should continue using your current BCBS member ID card through December 31, 2010. Also, please continue to use your ClearScript member ID card for your out-patient prescription drug benefits. If you need a replacement ClearScript ID card, please contact Member Services at 1-800-546-5677 or order them online at www.clearscript.org.

4. When is prior authorization necessary?

As in the past, when you receive services in-network, your provider will take care of any prior authorization requirements. Prior authorization is not needed for the majority of care and services. If you receive services from an out-of-network provider, you will be responsible for any prior authorization requirements. Those requirements are listed in the Summary Plan Description (SPD). For specific questions about prior authorization, call HealthPartners Member Services at 1-800-883-2177 or go to healthpartners.com/cityofduluth to view coverage criteria requirements detailing services that require prior authorization.

5. How does coverage work for:

▪ Out-of-state care?

HealthPartners offers a national network of more than 700,000 providers and more than 5,500 hospitals. City of Duluth covered health plan members who live or need care out-of-state will receive the highest level of benefits as long as they seek services from an in-network provider.



- **Out-of-Network care?**

Out-of-Network services will be covered at the out-of-network benefit level and may require you to contact HealthPartners CareCheck® services. Contact CareCheck® by calling 952-883-6400 or 1-800-316-9807 to receive maximum benefits when using out-of-network providers for:

- in-patient hospital stays;
- same-day surgery;
- new or experimental or reconstructive outpatient technologies or procedures;
- durable medical equipment or prosthetics costing more than \$3,000;
- home health services after your visits exceed 30; and
- skilled nursing facility stays

Benefits may be reduced by 15 percent if CareCheck® is not notified.

- **Out-of-country care?**

Coverage for medical care received outside of the United States is covered at the out-of-network benefit level. (Please note: non-FDA approved outpatient prescription drugs are not covered under your City of Duluth prescription drug plan.) For medical services provided out-of-country you will be required to pay the provider for the billed services provided and then submit an itemized claim for reimbursement. The following information should be submitted to HealthPartners for processing: dates of services, diagnostic codes, CPT or procedural codes, patient's name, provider or facility name, tax ID number, facility phone number, and place of services (office, urgent care, hospital) and send it to the HealthPartners claims department at the following address: HealthPartners Claims P.O. Box 1289, Minneapolis, MN 55440-1289.

6. Regarding claims:

- **Are claims automatically submitted by your provider or medical facility?**

When you receive care from an in-network provider, claims will be directly submitted by the provider/facility on your behalf. The majority of claims are submitted electronically. In 2009, HealthPartners turn-around time for payment of claims was 99.81% in 10 business days and 99.86% in 15 business days.

For medical services received out-of-network you will be required to pay the provider for the billed services provided and then submit an itemized claim for reimbursement. The following information should be submitted to HealthPartners for processing: dates of services, diagnostic codes, CPT or procedural codes, patient's name, provider or facility name, tax ID number, facility phone number, and place of services (office,



urgent care, hospital) and send it to the HealthPartners claims department at the following address: HealthPartners Claims P.O. Box 1289, Minneapolis, MN 55440-1289.

▪ **Is an Explanation of Benefits (EOB) statement mailed to individuals?**

EOBs are mailed to members' home addresses *or* members can elect to receive EOBs electronically through a secure mailbox at healthpartners.com/cityofduluth or by calling **HealthPartners Member Services at 952-883-5000 or 1-800-883-2177**. You will only receive an EOB when you have any out-of-pocket responsibility. Zero balance EOB's will not be mailed.

▪ **Under what circumstances would a claim be delayed?**

HealthPartners will pend claims when additional information is needed from the provider or from the member such as:

- Medical review - under rare circumstances a claim will require further documentation from the provider.
- Coordination of benefits - including Medicare, other group coverage or private insurance
- Prior authorization needed - less than .3% of procedures require prior authorization. In these rare circumstances a claim may be pended while information is gathered.

▪ **Can I access the status of my claims and claims history on HealthPartners website?**

The ability to view medical claims status and history will be available by logging on to HealthPartners secure website, healthpartners.com/cityofduluth and registering for an account, or by calling Member Services at 952-883-5000 or 1-800-883-2177.

▪ **How does the 4th quarter carryover deductible work?**

Your deductible is the dollar amount you pay for certain medical services, usually those used to diagnose, treat, health conditions, before the health plan starts to pay benefits for those services. Your deductible runs between January 1 and December 31 every year. Any amount that you pay toward your deductible in the fourth quarter of a calendar year (between October 1 and December 31) is credited for the current plan year **and** the next plan year. HealthPartners anticipates a report from BCBS in January that will show how much deductible will be satisfied in the fourth quarter, and members will be given full credit in 2011 for any deductible carryover. If you meet your deductible during the fourth quarter, we encourage you to notify HealthPartners Member Services and provide a copy of your EOB.



7. Do I have access to convenience care clinics and E-visits?

Yes. Your health plan offers coverage for convenience care and E-visits.

A convenience care clinic is a retail-based clinic that treats common illnesses (e.g., ear infection, pink eye, sinusitis, etc.) and oftentimes offers other health and wellness services. You do not need an appointment and many clinics are open seven days a week.

Convenience care clinics make a great option to emergency rooms or urgent care centers for common illnesses, screenings, or vaccinations. Additionally, visits to convenience care clinics are not subject to the plan deductible effective January 1, 2011! You are responsible for the 20% co-insurance and spend less out-of-pocket than you would at emergency rooms or urgent care centers.

E-visits provide another way for members to interact with their physician on-line for non-urgent health issues. While E-visits can benefit all members, it can be particularly helpful for those who may not have access to reliable transportation, attend college in another state, or may live out-of-state for part of the year. As an added benefit, effective January 1, 2011, E-visits are not subject to the plan deductible. Members continue to be responsible for the 20% co-insurance.

8. What are some of the enhancements that are associated with the transition to HealthPartners?

- *Effective January 1, 2011*, you will have access to HealthPartners virtuwel, an online diagnosis and treatment service offering the simplest and most convenient way to solve the top 30 most common medical conditions such as cold, cough and allergy, ear pain, pink eye, yeast and urinary tract infection, and others. The virtuwel online service is available 24/7/365 and gives you online access to nurse practitioners, no appointment necessary. Additionally, virtuwel is not subject to the plan deductible, just the 20% co-insurance. Members must pay for the on-line visit with a credit card and if you are not 100% satisfied there is a money-back guarantee.
- Health and Wellness Discounts – use your HealthPartners ID card to get discounts at more than 40 popular local and national retailers of health and wellness products and services. For a list of participating providers go to **healthpartners.com/cityofduluth** or call HealthPartners Member Services at 952-883-5000 or 1-800-883-2177.
- Global Fit – Save up to 60% on new member club fees and monthly dues when you sign up through their website at **globalfit.com**. Plus you can get discounts on home exercise equipment, online weight loss programs, and more. Check online at **healthpartners.com/cityofduluth** for a list of current participating clubs and exercise center or call HealthPartners Member Services at 952-883-5000 or 1-800-883-2177.



9. Who do I contact if I have questions about my health plan coverage?

▪ **Member Services**

HealthPartners call center representatives can assist you with network, benefit, claims and services questions. Available Monday through Friday 7 a.m. to 7 p.m.
952-883-5000 or 1-800-883-2177

▪ **CareLine Service**

Registered nurses on staff 24/7 to answer medical care questions
612-339-3663 or 1-800-551-0859

▪ **HealthPartners Nurse Navigators**

Registered nurses are available to be your advocate and guide you through network, benefits and complex care issues. Available Monday through Friday 7 a.m. to 7 p.m.
952-883-5000 or 1-800-883-2177

▪ **BabyLine Phone Service**

Specially trained OB/GYN nurses provide assistance for pregnancy and new baby questions and concerns. Available 24/7, 365 days a year.
612-333-2229 or 1-800-845-9297

▪ **Behavioral Health Personalized Assistance Line (PAL)**

Specially trained representatives are able to assist you in finding a mental or chemical health care professional in your network. Available Monday through Friday 7 a.m. to 7 p.m.
952-883-5811 or 1-888-638-8787

▪ **www.healthpartners.com/cityofduluth**